

Fill in this information to identify your case:

Debtor 1 Robert James Ray

Debtor 2 Aimee Nicole Ray  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN

Case number 15-46538-mar  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:
- MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

### Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

4

☐ No  
☒ Yes

Son

6

☐ No  
☒ Yes

☐ No  
☐ Yes

☐ No  
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No  
☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 850.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 50.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Robert James Ray**  
Debtor 2 **Aimee Nicole Ray**

Case number (if known)

**15-46538-mar**

**6. Utilities:**

|  |        |               |
|--|--------|---------------|
| 6a. Electricity, heat, natural gas                                 | 6a. \$ | <b>300.00</b> |
| 6b. Water, sewer, garbage collection                               | 6b. \$ | <b>60.00</b>  |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | <b>245.00</b> |
| 6d. Other. Specify: _____  | 6d. \$ | <b>0.00</b>   |

**7. Food and housekeeping supplies**

7. \$ **800.00**

**8. Childcare and children's education costs**

8. \$ **205.00**

**9. Clothing, laundry, and dry cleaning**

9. \$ **75.00**

**10. Personal care products and services**

10. \$ **75.00**

**11. Medical and dental expenses**

11. \$ **150.00**

**12. Transportation.** Include gas, maintenance, bus or train fare.  
Do not include car payments.

12. \$ **400.00**

**13. Entertainment, clubs, recreation, newspapers, magazines, and books**

13. \$ **0.00**

**14. Charitable contributions and religious donations**

14. \$ **0.00**

**15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

|                                      |         |               |
|--------------------------------------|---------|---------------|
| 15a. Life insurance                  | 15a. \$ | <b>0.00</b>   |
| 15b. Health insurance                | 15b. \$ | <b>0.00</b>   |
| 15c. Vehicle insurance               | 15c. \$ | <b>225.00</b> |
| 15d. Other insurance. Specify: _____ | 15d. \$ | <b>0.00</b>   |

**16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.  
Specify: \_\_\_\_\_

16. \$ **0.00**

**17. Installment or lease payments:**

|                                 |         |             |
|---------------------------------|---------|-------------|
| 17a. Car payments for Vehicle 1 | 17a. \$ | <b>0.00</b> |
| 17b. Car payments for Vehicle 2 | 17b. \$ | <b>0.00</b> |
| 17c. Other. Specify: _____      | 17c. \$ | <b>0.00</b> |
| 17d. Other. Specify: _____      | 17d. \$ | <b>0.00</b> |

**18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).**

18. \$ **0.00**

**19. Other payments you make to support others who do not live with you.**

\$ **0.00**

Specify: \_\_\_\_\_

19.

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

|   |         |             |
|---|---------|-------------|
| 20a. Mortgages on other property                  | 20a. \$ | <b>0.00</b> |
| 20b. Real estate taxes                            | 20b. \$ | <b>0.00</b> |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | <b>0.00</b> |
| 20d. Maintenance, repair, and upkeep expenses     | 20d. \$ | <b>0.00</b> |
| 20e. Homeowner's association or condominium dues  | 20e. \$ | <b>0.00</b> |

**21. Other:** Specify: **Pet expenses**

21. +\$ **40.00**

**one main financial loan (co-signed)**

+\$ **100.00**

**22. Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. \$ **3,575.00**

**23. Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from Schedule I.

23a. \$ **3,577.00**

23b. Copy your monthly expenses from line 22 above.

23b. -\$ **3,575.00**

23c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.

23c. \$ **2.00**

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain:

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
**COVER SHEET FOR AMENDMENTS**

Case Name: Robert James Ray  
Aimee Nicole Ray

Case No.: 15-46538-mar

**DESCRIBE INFORMATION BEING AMENDED BY CHECKING APPLICABLE BOX(ES) BELOW:**

☐ **Amendment to Petition:**

- ☐ Name ☐ Debtor(s) Mailing Address ☐ Alias  
☐ Signature ☐ Complying with Order Directing the Filing of Official Form(s)

☐ **Summary of Schedules**

☐ **Statement of Financial Affairs**

☐ **Schedules and List of Creditors:**

- ☐ Schedule A  
☐ Schedule B  
☐ Schedule C  
☐ List of Creditors ☐ Schedule D ☐ Schedule E ☐ Schedule F, and  
☐ Add creditor(s), provide address of creditor already on the List of Creditors, change amount or classification of debt - **\$30.00 Fee Required**, or  
☐ Change address of a creditor already on the List of Creditors - **No Fee Required**  
☐ Schedule G  
☐ Schedule H  
☐ Schedule I  
☒ Schedule J

**NOTE: Use Page 2 for any corrections or additions to the List of Creditors.**

Additional Details of Amendment(s): Amended J

|  |                                     |
|--|-------------------------------------|
| <b>DECLARATION OF ATTORNEY:</b> I declare that the above information contained on this cover sheet may be relied upon by the Clerk of the Court as a complete and accurate summary of the information contained in the documents attached.         |                                     |
| Date<br>May 20, 2015   | Signature<br>/s/ David S. Wilkinson |
| <b>AFFIRMATION OF DEBTOR(S):</b> I declare under penalty of perjury that I have read this cover sheet and the attached schedules, lists, statements, etc., and that they are true and correct to the best of my knowledge, information and belief. |                                     |
| Date<br>May 20, 2015   | Signature<br>/s/ Robert James Ray   |
| Date<br>May 20, 2015   | Signature<br>/s/ Aimee Nicole Ray   |

### **CORRECTIONS TO THE LIST OF CREDITORS**

Use this section of the form to make corrections to the name(s) and address(es) of any creditor(s) listed on the current schedules and List of Creditors.

**PREVIOUS NAME/ADDRESS OF CREDITOR:**

**PLEASE CHANGE TO:**

**-NONE-**

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### **ADDITIONS TO THE LIST OF CREDITORS**

Use this section to identify creditors added to the schedules and List of Creditors.

**NAME OF CREDITOR:**

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**ADDRESS:**

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**NAME OF CREDITOR:**

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**ADDRESS:**

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**NAME OF CREDITOR:**

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**ADDRESS:**

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***FOR ADDITIONAL CORRECTIONS/ADDITIONS, COPY THIS SHEET AND CONTINUE.***

### **COVER SHEET FOR AMENDMENTS GUIDELINES**

Use the Cover Sheet for Amendments **ONLY** when filing the items listed on Page 1, including amendments made in response to information provided to you on the BNC Undeliverable Notice.

Include the word "Amended" in the title of each amended document. **Please Note: An amended document must be filed in its entirety and accompanied by the Cover Sheet for Amendments.**

**Service of Amendment:** LBR 1009-1(b) The debtor shall serve a copy of the amendment and the "Cover Sheet for Amendments" on all entities affected by the amendment and file a certificate of service. **The Clerk's Office will not send notice of the amendment.**

Do not add or upload creditors that already have been included on the original List of Creditors. **The Clerk's Office will not delete creditors.**

Checks and money orders should be payable to "Clerk, U.S. Bankruptcy Court". **NOTE: No personal checks will be accepted from debtors.**

***Please contact our Help Desk with any questions regarding amendments or fees:***  
***Bay City: (989) 894-8840 Detroit: (313) 234-0065 Flint: (810) 235-4126***